PTC/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL E	ENTITY	OR _.	OTHER THAN OR SMALL ENTITY	
FOR NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))							s	OR		5	
TOTAL CLAIMS			minus 20				x s=		OR	x s=	
INDE	PENDENT CLAIR FR 1.16(b))	45	minus 3 ° °				x \$=		OR	x \$e	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5 •		OR	+5=	
"If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
Ti the dispersion of Column 1 is less than 2010, while 0 th Column 2											
CLAIMS AS AMENDED - PART II OR OTHER THAN											
(Constituting			(Column 2)	(Column 3)	1	SMALL	NTITY	1	SMALL	ENTITY	
A F	•	CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
OMENT	Total D7 CFR 1.16(cl)	. 28	Minus	-24	- 4		x \$ 25=		OR	x 1 50=	20000
AMEN	independent pr CFR 1.16(b))	. 4	Minus	~ 3	= }\		x s 100=		OR	X \$ 200	ठळळ
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+5=		OR	+5=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	4008
6	-30-(QS (Column 1) (Column 2) (Column 3)								•		
8	0-0-	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.18(c))	28	Minus	24	.4-	1	x 5•		OR	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))	. 4	Minus	"3	- 1	1	x s=		OR	x s=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(5))					1	+\$ =		QR.	+5=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total O7 CFR 1.14(cl)	*	Minus	**	=	1	x s=		OR	x 8=	
ENO	independent (IF CFR 1.16(b))		Minus	•••	=	1	x \$=		OR	x \$=	
AMEN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	+: =		OR	+ s=	
·						_	TOTAL ADDL FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, with "0" in column 3.											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Device on the Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.